

The Principle of Double Effect in the Palliative Administration of Opioids

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Introduction

The titration of opioids to patients at the end-of-life is a common practice and in some cases may result in the patient's death due to respiratory depression and hypotension (Day, 2005). As a result, some physicians and nurses are troubled that their good intentions of relieving a patient's pain may also cause harm by hastening death (Cavanaugh, 1996). The Principle of Double Effect addresses this issue by arguing that in certain cases, a higher obligation exists to relieve pain and discomfort than to avoid hastening one's death. And in such a case it would be the ethical duty of the caregiver to administer the opioid (Cavanaugh, 1996).

Unfortunately, health professionals have a lack of understanding about the Principle of Double Effect and as a result have developed negative attitudes regarding pain management and the titration of opioids to dying patients (Forbes & Huxtable, 2006). The most commonly-held belief that inhibits health professionals from adequately managing pain with opioid titration is the fear that the patient will die as a direct result.

The purpose of this paper is to discuss the ethical implications involved with palliative titration of opioids to dying patients. This issue is important because in order for nurses to provide optimal pain management to dying patients, they need to be aware of the Principle of Double Effect (PDE) and the ethical points of view that affect decision-making in this area.

Review of Literature

The Principle of Double Effect is an ethical tool that was originally formulated by Catholic theologians in the Middle Ages for the purpose of describing situations in which "evil is permitted in the overall pursuit of good" (Snelling, 2004, p. 355). One detailed definition of PDE is: "a doctrine that distinguishes between the consequences a person intends and those that

are unintended but foreseen, and may be applicable in various situations where an action has two effects, one good and one bad” (Jolly & Cornock, 2003, p. 240). The Principle of Double Effect can only be valid if it meets the following four criteria:

- 1) The action itself must be morally good or at least indifferent.
- 2) The good effect must be intended, even though the secondary effect is foreseen.
- 3) The good effect must not be achieved by way of the bad.
- 4) The good result must outweigh the bad result (Frey, 1975, as cited in Jolly & Cornock, 2003, p. 240-241).

The relevance of PDE has been established in regards to palliative opioid titration; however, the link between the two has limitations that go unrealized. This continues to occur despite clinical data demonstrating that appropriate pain management at the end of life is actually more likely to prolong life rather than hasten death (Quill, 1998). Studies show that opioids improve patients’ quality of life with little risk of over-depression of respirations in most situations making the Principle of Double Effect not valid in the majority of cases (Quill, 1998). Circumstances in which PDE is highly relevant include cases of rapidly increasing pain or shortness of breath just before death (Quill, 1998). In such situations, PDE is relevant because high opioid dosing is required in a very small amount of time and therefore poses the likelihood of extreme respiratory depression and hypotension (Quill, 1998).

This knowledge of the palliative care situations specifically warranting the use of the Principle of Double Effect allows for more effective exploration into this “ethically hard” issue and its implications regarding opioid titration to patients at the end of life (Cavanaugh, 1996). The Principle of Double Effect is classified as an “ethically hard case”. By definition “an

ethically hard case is one in which the good that one seeks is able to be realized only if the harm that one avoids is also brought about: in such a case, good and harm are not able to be disentangled” (Cavanaugh, 1996, p. 249). This is a frightening reality confronting many nurses caring for dying patients.

There are two common ethical frameworks that direct individuals’ beliefs about the ethics of the Principle of Double Effect (Brody, 1998). The first is a “deontological or duty-based framework” that judges whether an act is right or wrong depending on the intentions of the individual performing the act (Brody, 1998, p. 330). The second is “the teleological or consequentialist framework” that judges whether an act is right or wrong based on whether the resulting consequences are good or bad (Brody, 1998, p. 330). While the Principle of Double Effect is well-supported by the deontological framework, those who subscribe to the consequentialist framework may be disinclined to use PDE, and would alternatively prefer to use a “burden/benefit ratio” to determine their personal ethical decision-making in regard to end of life opioid titration (Brody, 1998, p. 330).

It is important to be aware, however, that the two principles are morally dissimilar. If one chooses to adopt the consequentialist framework and therefore use the burden/benefit ratio as a tool to guide decision-making, he would also be obligated to approve of the practice of euthanasia based on his ethical reasoning because this practice is used when the burden/benefit ratio weighs in favor of ending a terminal patient’s pain and suffering (Brody, 1998). The deontological framework considers intentional acts of causing death absolutely immoral regardless of the benefits that ensue (Brody, 1998).

Having described the difference between the two frameworks, one can understand the fine line that exists between what is ethical and not ethical in terms of the Principle of Double

Effect. It is important to realize that intent to hasten death is absolutely forbidden under PDE (Snelling, 2004). Due to the subjective nature of one's intent, critics have stated that PDE is wrongly used as a means of deflecting moral and legal criticism by arguing that the death was not intended (Snelling, 2004). It is important for nurses to think critically about their beliefs concerning each framework; to decide which one they personally subscribe to; to consider how it may affect their opioid titration practices; and also to be aware of the legal and ethical implications of their beliefs and actions regarding this topic.

Not only is it important to understand the differing ethical frameworks, but also to understand the other factors that contribute to nurses' opioid titration practices. Such factors include the consideration for patients' autonomy and self-determination (Day, 2005). These two ethical elements are valued highly in the nursing profession and therefore should be considered when providing palliative care to patients (Day, 2005). An example of a case in which respect for patient autonomy and self-determination may override the moral obligation to deliver adequate doses of opioids to relieve pain would be when a patient chooses to refuse the medications with the rationale that they would prefer to be alert for their families than to be sedated and lethargic with opioids (Day, 2005). In this situation, it would be ethically appropriate to allow the patient's autonomous request to override the nurse's obligation to relieve pain. On the opposite side of the spectrum, a patient's expressed desire to die would morally obligate the nurse to not assist the patient in this way, and therefore the nurse would be more reluctant to act in titrating opioids upward (Quill, 1998).

Summary

Because of the "ethically hard" nature of PDE, it is important that nurses collaborate with other healthcare professionals, especially the palliative care team, in order to develop a patient-

centered approach to pain and symptom management in dying patients (Jolly & Cornock, 2003, p. 244). A collaborative effort of this sort would help nurses feel more comfortable in the practice of pain management for patients when high doses are required and may potentially hasten death (Jolly & Cornock, 2003). Furthermore, it is important for all nurses involved in the palliative treatment of patients to be well-educated in symptom control and pain management so they may be empowered to be confident that their actions are acceptable practice and within legal boundaries (Jolly & Cornock, 2003).

When confronted with an ethical dilemma related to how to practice opioid titration to a dying patient, nurses can use the following three questions as a tool to help guide their decisions:

1) Is the patient's pain severe enough to justify the risks of the drug intervention? 2) Has the patient and/or family been fully informed of the consequences of high dose administration of opioids? 3) Is this the least harmful intervention available in this situation (Quill, 1998)?

Above all else, the nurse must remember that "providing comfort at the end of life is a strong good in medical and nursing practice" (Day, 2005, p. 336). In the situation of treating pain at the end of life, the PDE applies because treatment of pain is focused firmly on the individual patient (Day, 2005). Nurses have a commitment to this strong good of managing pain and promoting quality of life in dying patients, just as they have this commitment to all patients; therefore the fear of hastening one's death should not be allowed to prevent optimal pain management.

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